WYOMING WORKERS' SAFETY & COMPENSATION

MPLOYER:	EMPLOYER #:
	G AMOUNT OF MONTHLY PAYROLL
	Vorkers' Safety & Compensation modified its requirements equirements. a Surety Bond is not required for employers I monthly payroll.
Read the following statements and s Division's field office or send to:	ign the space below. Submit the signed copy to any of the
	RETURN TO:
EI R 1510	S' SAFETY & COMPENSATION MPLOYER SERVICES REGISTRATION UNIT DEAST PERSHING BLVD CHEYENNE WY 82002
I, the undersigned, do affirm that th	ne total monthly (or anticipated payroll) for this account is
\$	
* * *	\$10,000, I do hereby acknowledge that a Surety Bond will g, Workers' Safety & Compensation Division.
Print Name	Title
Signature	